

# AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS FOR DOD CIVILIAN EMPLOYEES

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

**PRINCIPAL PURPOSE(S):** Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

<b>1. SPONSORING CIVILIAN EMPLOYEE</b>		<b>2. SOCIAL SECURITY NO.</b> 123-45-6789	<b>3. GRADE OR LEVEL</b> GS-12	<b>4. STEP OR RATE</b> 04
a. NAME (First, Middle Initial, Last) JOHN A. DOE		<b>5. POSITION TITLE</b> ADMINISTRATIVE OFFICER		
b. ADDRESS (Street, City, State and Zip Code) PSC 451 BOX 0000 FPO AE 09834-2800		<b>6. EMPLOYING DEPARTMENT</b> NSA ADMIN		<b>7. APPROPRIATION</b>
<b>8. EVACUATED INSTALLATION</b> NSA BAHRAIN		<b>9. EVACUATION ORDER NO.</b> XXXXXXXXXX	<b>10. DATE OF ORDER (YYYYMMDD)</b> 20040702	<b>11. DATE EVACUATED (YYYYMMDD)</b> 200407XX
<b>12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)</b> JANE B. DOE			<b>13. RELATIONSHIP</b> WIFE	
<b>14. OTHER DEPENDENTS</b> (If additional space is needed, use back.)				
a. NAME	b. DATE OF BIRTH (YYYYMMDD)	a. NAME	b. DATE OF BIRTH (YYYYMMDD)	
JOHNNY C. DOE	19951013			
JANIE D. DOE	19930609			
<b>15.</b> I hereby authorize payment of \$ 0.00 per pay period and/or advance of pay of \$ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.				
<b>16.</b> I hereby authorize dependent named above or designated representative to receive payments indicated:				
a. EVACUATION SUBSISTENCE ALLOWANCE: \$		b. EVACUATION TRAVEL AND TRANSPORTATION: \$		
<b>17. EMPLOYEE</b>				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD) 200407XX	
<b>18. DEPENDENT OR DESIGNATED REPRESENTATIVE</b>				
a. SIGNATURE N/A			b. DATE SIGNED (YYYYMMDD)	
<b>19. AUTHORIZED OFFICIAL</b>				
a. TYPED NAME ED MORRIS		b. TITLE DIRECTOR, HUMAN RESOURCES OFFICE, BAHRAIN		
c. SIGNATURE			d. DATE SIGNED (YYYYMMDD) 200407XX	
<b>20.</b> I request the amount of \$ 0.00 per pay period as an allotment or assignment of monies due dependent named above (to be completed only when, because of emergency conditions, certification by employee is not available). I (dependent or designated representative named above) certify that the above information is complete and accurate to the best of my knowledge and belief.				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)	
<b>21. PAYMENT RECORD</b> (If additional space is needed, use back.)				
a. DATE (YYYYMMDD)	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT

1. a. First Name, Middle Initial, Last Name  
b. PSC Address
2. Social Security Number
3. Grade or Level (e.g., GS-12)
4. Step (e.g., 04)\*
5. Your position title (e.g., Administrative Officer)
6. Employing Department (e.g., NSA Bahrain Admin)
7. Leave Blank
8. Command to which assigned
9. Refer to Block 19 of the Travel Orders of your family member(s). The numbers immediately following "TANGO" is the Evacuation Order No.
10. Always 20040702 (Date of Relocation Order)
11. Date family member(s) departed (e.g., 20040711)
12. Generally spouse, but may be designated representative age 18 or older.
13. Relationship (e.g., spouse, son, daughter)
14. Self explanatory
15. Leave Blank
16. Leave Blank
17. a. Sign  
b. Date (e.g., 20040722)
18. a. Leave Blank  
b. Leave Blank
19. a. ED MORRIS  
b. DIRECTOR, HUMAN RESOURCES OFFICE, BAHRAIN  
c. Leave Blank  
d. Leave Blank
20. \$0.00  
a. Leave Blank  
b. Leave Blank
21. Leave Blank

\* Refer to your most recent LES if you are not certain of your current step.